



ANNUAL REPORT

on the

PUBLIC HEALTH

of

WORCESTERSHIRE,

1926,

by

WYNDHAM PARKER, M.C.,

M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County Medical Officer.

Printed for the Worcestershire County Council Stationery Office
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TO THE
COUNTY COUNCIL OF WORCESTERSHIRE.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

Annual Report, 1926.

1. I have the honour to present my report on the health of the County during the year 1926.

2. The Ministry of Health require District Medical Officers of Health to present comprehensive "Survey" reports every five years and the four intervening reports are confined to statistics and matters of special interest.

3. In this report I am adopting the principle laid down by the Ministry, and as 1926 was not a "Survey" year, it will be found that, as far as practicable, routine references have been limited.

4. I have read through the "Survey" Annual Reports of the Medical Officers of Health for 1925, and references therefrom are made in appropriate parts of this report.

5. Most of these annual reports are not only interesting but show a record of sound Sanitary progress; on the other hand some of the reports are, to say the least, disappointing and contain little but commonplace statistics.

County Public Health Staff.

6. On December 31st the Council lost the services of Dr. C. W. Sharpley, who has been replaced by Dr. H. M. Turner ; otherwise the staff during the year 1926 remained the same as in 1925, except that there were 8 instead of 9 Assistant County Medical Officers.

7. At the time of writing a further change in staff has occurred. Dr. Carol Sims resigned on taking up an Infant Welfare appointment in London and Dr. Emily Noel Paterson has taken her place.

District Medical Officers.

8. The following changes have taken place since my last report :—

BROMSGROVE URBAN.

NORTH BROMSGROVE URBAN.

Dr. G. Cochrane succeeded Dr. H. Cameron Kidd.

OLDBURY URBAN.

Dr. C. W. Sharpley succeeded Dr. G. B. Buttery.

Health Services available in the County.

9. A Handbook has been circulated to each general medical practitioner and other interested persons, which will, it is hoped, act as a convenient reference for those who desire to ascertain what public health facilities are available in the County ; the names, addresses and telephone numbers of the Public Health officials of the various Local Sanitary Authorities, are also included.

Natural and Social Conditions of the Area.

10. These were discussed in my Report for 1925.

11. Unemployment is not so severe as on that occasion in the north of the County.

12. The seasonal unemployment connected with fruit picking and other casual agricultural work, will be materially influenced if the Beet Sugar Industry becomes permanently established. The Worcestershire factory seemed very busy last year, and employed a number of hands during what is usually a slack period of the year.

Vital Statistics.

13. Table I. gives the Vital Statistics for the year.


(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.
(b) These figures are supplied by the Registrar-General.
(c) Under 2 Years.
(d) Includes one death from Poliomyelitis.
(e) Adjusted populations in consequence of transfer of part of Hunnington.
(f) Population for Birth Rate.
(g) " " Death Rate.

ENGLAND AND WALES :				
Birth Rate	-	-	-	17·8 per 1000
Death Rate	-	-	-	11·6 " "
Infant Mortality Rate	-	-	-	70 " "

TABLE II.

District.	Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Fever.		Puerperal Pyrexia.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis.		Pneumonia.		Encephalitis Lethargica.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths. ^(a)	Cases.	Deaths.
<i>Urban</i>																						
Bewdley Borough	2		3								8	3	2							1	1	
Bromsgrove	25		3				1				4	4	1							8		
Bromsgrove North	16	1	8	1			1				5	6	1	1						6		
Droitwich Borough	1	1	2								3		1	2					1	2		1
Evesham Borough	2					1					11	7	3						1	7		
Halesowen	72	1	25	1			4	4	3		31	11	17	6	2				44	28	1	
Kidderminster Borough	23	2	9	2			4	2	3		32	28	28	3	3				15	11	3	3
Lye and Wollescote	22		18								19	13	7		1				17	17	1	1
Malvern	44	1	6	2	2		1				13	6	6	3					10	11	2	
Oldbury	33	1	32	2			1		1		40	26	5	6	4				76	38	3	2
Redditch	47	1	11	1				1	1		17	7	5			2			27	9	2	1
Stourbridge Borough	17		11	1	1	1	4	3	1		17	11	8	2	7				40	11	2	1
Stourport	4		2		1						5	3	3	2	1				3	5		
Totals	308	8	130	10	4	2	16	10	9		205	125	87	25	18		2		234	154	15	9
<i>Rural</i>																						
Bromsgrove	37		25	7	2						12	9	2	2	1		1		4	16	1	1
Droitwich	16		10	3	1						5	6	2						4	3	2	2
Evesham	5		2			1			1		11	5	4	1					2	6		
Feckenham	7		1								3		1	1	1		1		2	4	1	
Kidderminster	3		1	1					1		16	4	4						2	10		
Martley	30		11		1	1		1			15	12	6	3					17	13	1	
Newent (part)											1	1	1						1			
Pershore	9		6	1			1				28	4	10	3	2		2		12	8		
Rock	1												1	1					1			
Shipston-on-Stour	13		2						1		1	1							3	2		
Stow-on-the-Wold (part)											1											
Tenbury	2		1				1				1	3	3						5	3		
Tewkesbury (part)	1										1								2			
Upton-on-Severn	3		10		3						11	6	7	7		1	1		13	7	4	1
Winchcombe (part)																						
Totals	127		69	12	7	2	2	1	3		105	52	41	18	4		5	1	64	76	9	6
Grand Totals	435	8	199	22	11	4	18	11	12		310	177	128	43	22		7	1	298	230	24	15

Cerebro Spinal Fever. One case was notified in Kidderminster Borough District.
 (a) The deaths refer to all cases of pneumonia, not those which are notifiable.



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Scarlet Fever.

21. 435 cases of Scarlet Fever (8 Deaths) were notified, as compared with 485 cases (6 Deaths) in 1925.

22. For the past 20 years the cases averaged 925 annually and the deaths 16 annually.

23. The cases in the County do not appear to call for special comment.

24. Sir George Newman, the Chief Medical Officer of the Ministry of Health, states that research was continued during the year on the causal organism of Scarlet Fever, and although progress has been made, no report has yet been published.

25. The Rural cases appear to have been less severe in type than the Urban, as 127 cases are recorded without a single death.

Diphtheria.

26. 199 cases of Diphtheria (22 deaths) were notified in 1926, as compared with 192 cases (17 deaths) in 1925.

27. For the past twenty years the cases averaged 319 annually and the deaths 33 annually.

28. The Oldbury Urban District Council is, I think, the first Authority in this County to provide for Schick testing and immunising of those children found to be susceptible to Diphtheria. During 1926 there were 32 cases of Diphtheria in the Oldbury District. The opportunity was taken to introduce this method of control, and I am informed by the Medical Officer that he was very pleased with the result.

29. The disadvantage of the method as at present used is that the treatment is necessary on at least three occasions separated by weekly intervals.

30. Sir George Newman states that the method as practised in this Country, although safe, painless and certain in its effect is still somewhat cumbersome, and this may explain why it is not more widely used.

Enteric (Typhoid) Fever.

			Cases.	Deaths.
1926	—	—	11	4
1925	—	—	5	—
1924	—	—	16	2
1919-1923	—	—	21	3
1914-1918	—	—	21	2
1909-1913	—	—	55	12
1904-1908	—	—	107	19

31. Table II. shows where the 1926 cases occurred.

32. It will be seen that the disease is getting comparatively rare, but so long as villages, and in some cases towns, have to drink water from shallow wells which are often contaminated by faecal matter, the risk of serious outbreaks of typhoid will continue, and it is a striking tribute to the vigilance and efforts of Sanitary Authorities that these sporadic cases, which may crop up sometimes in the most unaccountable way, are not the cause of serious outbreaks.

33. It is hoped that the new water supply to the City and County Mental Hospital, Powick, will put an end to the cases which have occurred from time to time in the records of the Upton-on-Severn Rural District.

Influenza.

34. Eighty-three deaths from Influenza were reported in 1926.

35. The numbers for the previous ten years were, viz. :—

1925	—	—	—	131 deaths.
1924	—	—	—	186 „
1923	—	—	—	77 „
1922	—	—	—	153 „
1921	—	—	—	52 „
1920	—	—	—	80 „
1919	—	—	—	336 „
1918	—	—	—	994 „
1917	—	—	—	70 „
1916	—	—	—	72 „

36. Whilst only one school was closed during 1926 on account of this disease, in the first three months of 1927, 128 schools were closed and the attendance in many others was seriously affected.

37. Reports to hand at the time of writing this Report (March 1927) indicate that the death roll in 1927 will be comparatively heavy. The epidemic was widespread and most Urban and Rural

areas suffered. The clinical type of Influenza, although not severe in the majority of cases, caused a number of deaths in the aged and very young. The presence of whooping cough concurrently with the influenza epidemic will, I think, adversely influence the Infant Mortality rates of certain County areas for 1927.

Smallpox.

38. No case of smallpox was notified in the County during 1926.

39. The numbers of cases in the adjoining Counties, were :—

Gloucestershire	—	—	1
Herefordshire	—	—	Nil.
Shropshire	—	—	Nil.
Staffordshire	—	—	6
Warwickshire	—	—	2

40. The following Table show the numbers of cases which occurred in England and Wales and in the County since 1911.

Year.	England and Wales.		Worcestershire.	
	Cases.	Deaths.	Cases.	Deaths.
1911	289	23	0	0
1912	121	9	0	0
1913	113	10	0	0
1914	65	4	0	0
1915	93	13	1	0
1916	159	18	0	0
1917	7	3	0	0
1918	63	2	0	0
1919	311	28	0	0
1920	280	30	0	0
1921	336	5	0	0
1922	973	27	0	0
1923	2,504	7	1	0
1924	3,792	13	0	0
1925	5,355	9	1	0
1926	10,095	18	0	0
Total — —	24,556	219	3	0

41. Reference to the Hospital accommodation for Smallpox will be found under that heading.

42. The increase in the number of cases of Smallpox in England and Wales continues. The case mortality is again very low, but, as I have stated previously, no guarantee can at present be given that a reversion to the more serious form of smallpox may not occur. In the absence of general vaccination, the only sound policy for Local Authorities to pursue is to attempt to control the disease by isolation, which entails hospital provision to deal with, at any rate, the first cases occurring in any district.

Measles.

43. Seven deaths from Measles occurred during the year.

44. The average annual number of deaths during the last 10 years was 32.

45. There are no known means of preventing or controlling this malady, and careful nursing is the only practicable treatment of the disease.

Malaria.

46. The presence of Malaria-carrying Mosquitoes, and the ex-soldier from Salonica and other areas where malaria is endemic, appeared to present a combination which threatened a new danger in 1919. The cases of notified indigenous Malaria have been remarkably few, and there is, so far as I am aware, no reason to believe that many cases are missed. The climatic conditions probably account for this comparative freedom from Malaria. I have no doubt that not only the hibernating adult but also the anopheline larvae can survive the winter in Worcestershire, and it is in the summer conditions that the more probable explanations can be found. During the War, I remember a prediction by a Colonel of the Indian Army that we should not get much endemic Malaria in England unless the summers were warmer. If this is the correct solution of the low incidence, it lends support to the popular opinion often expressed that our summers are cooler now than they used to be, for whether the cause be temperature, humidity or rainfall, some powerful factor must now exert more influence than in the past when Malaria was common in the Fen district.

Anthrax.

47. No case was notified in the County last year.

Polio-Encephalitis and Poliomyelitis (Infantile Paralysis). Cerebro Spinal Fever. Encephalitis Lethargica.

48. These four diseases can with advantage be considered in a common group, for the causal organisms or the toxins they produce have a selective action on the central nervous system. All have some degree of infectivity, but it is probable that the carrier, rather more than the actual case, is responsible for the spread.

49. This group presents one of the problems of preventive medicine. The heavy mortality and the very serious after results, when associated with a tendency to increase, represent an alarming combination.

Cerebro Spinal Fever.

50. *Only one case* was notified in Worcestershire during the year. This disease, it will be remembered, increased very rapidly during 1915. The over-crowding of troops in camps, and the carrier were considered the chief factors concerned in the spread of disease. Unlike the other members of the group, the causal organism of this disease has been identified.

Acute Poliomyelitis and Polio-Encephalitis.

51. These two diseases, commonly known as Infantile Paralysis, are probably caused by the same germ, but in the one case the spinal cord, and in the other, the brain is chiefly damaged.

52. Some years ago, before the Birmingham extension, Kings Norton had quite a sharp outbreak of this disease. The Annual Report of that year made reference to the possible part played by *Stomoxys Calcitrans* (better known as the Stable Fly or the "Biting Housefly") in this spread, for it had been demonstrated that Infantile Paralysis could be spread by the bite of this insect in monkeys.

53. Although the seasonal incidence (late summer and autumn) and the cases which often occur in Rural districts lend some support to the suggestion, present information indicates that it is very unlikely that these flies play any important part in the spread of epidemics.

54. During 1926, epidemic outbreaks in certain schools caused a great deal of attention to be focussed on this disease. All the available information pointed to personal spread, either direct from known or undetected cases or through carriers.

55. Worcestershire recorded seven cases in 1926, including one death, five of these cases occurring in four widely separated Rural Districts. It seems unlikely that these cases can in any way be connected, and how they arise often remains a mystery. The diagnosis may not be easy at an early stage, and for this reason it is known that notification is incomplete, but as crippling is the common after result, some indication can be gathered as to the number of missed cases. From inquiries in this direction I have made, there is no reason to believe Infantile Paralysis was more prevalent than usual in Worcestershire during 1926.

Encephalitis Lethargica.

56. There were fifteen deaths from this disease (also known as "Sleepy Sickness") out of the twenty-four cases notified in 1926.

57. The following are the cases and deaths in the previous seven years, which is the period covered since this condition was first made compulsorily notifiable, viz. :—

				Cases.	Deaths.
1925	—	—	—	16	10
1924	—	—	—	29	12
1923	—	—	—	6	6
1922	—	—	—	5	3
1921	—	—	—	16	6
1920	—	—	—	8	6
1919	—	—	—	—	—

58. The number of deaths occurring in 1926, namely 15, is the highest on record. The distribution of notifications calls for no special consideration except that the incidence in Rural areas is higher comparatively than Urban, which is not usual. The very high mortality of the Worcestershire cases probably indicates that notification is not complete and does not include the milder cases.

59. An increasing amount of attention is being given to ascertain the extent to which this disease permanently cripples those patients who do not die.

60. From the available records it is evident that the proportion of patients who suffer from some form of permanent injury to mind or body is a distressingly high one.

61. Mental impairment, as an after result, is in one series of cases recorded as reaching a figure of over 50 %.

62. A suggested alteration in the law as to Mental Deficiency has been made largely to include such cases as the above, for this mental impairment in children following this disease presents one of the most difficult and troublesome problems of the day.

Cancer.

63. There were 432 deaths from Cancer in 1926. The following Table gives the County and District rates for the past 24 years.

TABLE III.

Death-rate per 10,000 of Population.

Districts	1926	1925	1924	1923	Average for quin- quennial period 1918-1922	Average for quin- quennial period 1913-1917	Average for quin- quennial period 1908-1912	Average for quin- quennial period 1903-1907
<i>Urban Districts.</i>								
Bewdley Borough ...	31.0	11.5	15.1	3.7	12.8	17.5	15.6	8.8
Bromsgrove ...	11.3	12.3	9.2	18.6	6.4	11.4	12.0	7.2
North Bromsgrove ...	9.8	10.2	10.4	9.4	12.3	10.2	7.6	8.6
Droitwich Borough...	15.2	15.5	18.1	25.7	24.4	15.1	8.0	11.1
Evesham Borough ...	11.6	13.9	17.5	12.7	14.0	9.3	8.4	7.2
Halesowen ...	6.1	9.6	9.1	11.0	9.8	7.3	7.1	5.0
Kidderminster Borough ...	15.8	15.8	15.4	13.5	13.7	13.5	10.0	8.9
Lye & Wollescote ...	11.3	14.0	7.8	7.9	12.0	7.4	8.0	5.3
Malvern ...	14.5	14.1	17.4	13.0	15.7	14.8	15.9	9.4
Oldbury ...	11.9	10.8	8.4	9.2	9.0	8.4	8.0	6.2
Redditch ...	14.4	17.8	14.9	11.3	10.6	10.3	11.1	8.9
Stourbridge Borough	13.2	13.8	12.9	10.8	14.1	9.9	9.8	8.6
Stourport ...	25.8	18.5	18.1	24.6	24.4	17.8	11.5	12.8
Urban Districts ...	12.6	13.1	12.2	12.4	11.8	10.5	9.3	7.7
<i>Rural Districts.</i>								
Bromsgrove ...	17.3	10.7	15.9	11.1	10.5	11.7	8.0	8.3
Droitwich ...	12.0	21.1	16.8	13.3	10.6	11.5	9.6	9.4
Evesham ...	23.1	6.9	12.8	11.1	11.5	13.3	9.6	9.1
Feckenham ...	14.9	20.0	12.5	5.4	10.9	12.6	9.5	8.8
Kidderminster ...	14.5	15.6	11.7	13.2	12.2	9.4	13.9	11.1
Martley ...	15.3	14.3	10.3	16.1	11.5	14.2	11.3	8.8
Newent (part) ...	29.2	0.0	0.0	79.5	21.2	5.2	19.0	14.0
Pershire ...	15.4	12.1	17.0	13.9	13.1	11.0	9.9	8.4
Rock ...	18.0	13.7	9.0	9.2	14.4	24.5	10.5	9.1
Shipston-on-Stour ...	23.0	11.6	11.6	9.4	13.9	12.0	10.6	13.0
Stow-on-the-Wold (part) ...	0.0	73.0	73.2	0.0	28.8	13.4	13.3	13.7
Tenbury ...	34.4	9.0	15.6	13.5	9.4	10.6	10.9	8.1
Tewkesbury (part) ...	14.2	14.0	14.0	23.5	13.2	10.3	7.8	8.5
Upton-on-Severn ...	10.3	14.6	11.0	13.3	10.8	12.8	12.4	9.4
Winchcombe (part)	0.0	0.0	0.0	0.0	19.0	0.0	0.0	0.0
Rural Districts ...	16.6	13.6	13.6	13.2	11.6	12.0	10.2	8.6
County ...	14.0	13.3	12.7	12.4	11.6	11.0	9.6	8.2

64. It will be seen that the County rate as a whole continues to rise. In an earlier portion of the report I have mentioned the fact that the population is getting an older one. This, I am afraid, only accounts for a minor proportion of the increase in the cancer rate. The higher rates for Rural Areas which are recorded are probably caused by the age constitution of the population.

65. The Ministry of Health continue to issue valuable reports on research work in connection with this Disease. One of the most recent dealt with the results of early operation in Cancer of the Breast.

66. The Public Health and Housing Committee in considering this circular felt that the information contained was so hopeful that it should be known to every Mother. Information based on this circular has been sent to each Welfare Centre in the County, and the subject will be included in the talks to mothers in attendance. Where the County Health Visitors address audiences such as those at Women's Institutes, it is hoped to introduce similar information.

67. An exceedingly well written book summarising the present position as to our knowledge of the cause and treatment of cancer has recently been issued by the Yorkshire Council of the British Empire Cancer Campaign. Through the kindness of this body it has been possible to send every practitioner in the County a copy. From conversation with doctors in various parts of the County, I think this book has been found both interesting and useful.

Tuberculosis.

68. 314 cases of Pulmonary and 129 non-pulmonary cases were notified in 1926.

69. The corresponding deaths were 177 and 43, and are the lowest ever recorded in the County.

70. This year the report of the Chief Tuberculosis Officer, (Dr. H. Gordon Smith) forms a separate document. The reason for this is that the statistics required by the Minister of Health are of a complicated nature, and although they were completed some time ago, the figures submitted are still not acceptable to the Ministry Officials. A Medical Officer of the Ministry will be visiting the Public Health Department, and as a result it is hoped that the present difficulties will disappear.

Venereal Diseases.

71. As Venereal Diseases are not notifiable, I cannot venture an opinion as to whether or not the disease is on the decline. The most I can say is that from a perusal of the following Tables it would appear that less cases are being treated each year. At the same time, it is difficult to believe that the figure 103, comprising 83 males and 20 females, represents the total number of new cases of Gonorrhoea in a population of over 300,000.

TABLE IV.

Institution.	"NEW" OUT-PATIENTS.					"NEW" IN-PATIENTS.					Total Attendances of all Patients.					SALVARSAN SUBSTITUTES.		No. ceasing attendance without completing treatment
	Syph-ilis.	Gonorr-hoea.	Soft Chancres	Not V.D.	Total	Syph-ilis.	Gonorr-hoea.	Not V.D.	Total days.	Syph-ilis.	Gonorr-hoea.	Soft Chancres	Not V.D.	Total attend-ances.	No. treated	No. doses		
*Worcester	-	9	27	-	20	56	2	3	2	275	223	524	-	48	795	41	122	32
Kidderminster	-	28	15	-	45	88	-	1	-	16	351	436	-	52	839	60	216	32
Birmingham	-	12	19	-	17	48	-	-	1	52	464	880	-	34	1378	68	416	29
Dudley	-	4	19	-	7	30	-	-	-	15	300	1543	-	12	1860	90	0	-
Stourbridge	-	7	23	-	7	37	1	-	-	4	61	1133	-	15	1209	-	44	5
Totals	-	60	103	-	96	259	3	4	3	362	1399	4521	-	161	6081	259	888	78
Corresponding totals for yr. 1925		75	83	-	61	219	8	4	3	494	1359	3570	-	135	5064	178	734	81

* These figures refer to County cases only.

VENEREAL DISEASES.

This Table compares the number of County cases treated at Clinics in 1926, with those in the five preceding years, viz. :—

TABLE V.

Year	* Worcester			Kidderminster			Birmingham			Dudley			Stourbridge			Grand Total 1922-1926
	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	Syphilis	Gonorrhoea	Total	
1921	—	31	17	48	42	35	77	20	25	45	—	—	—	—	—	—
1922	—	26	17	43	46	14	60	14	12	26	25	29	9	9	18	201
1923	—	21	16	37	44	19	63	17	22	39	38	41	9	24	33	251
1924	—	20	22	42	39	11	50	19	21	40	7	10	8	14	22	171
1925	—	17	17	34	29	13	42	9	29	38	17	11	3	13	16	158
1926	—	9	27	36	28	15	43	12	19	31	4	19	7	23	30	163

* These figures refer to County cases only.

Gonorrhoea.

New cases treated during 1926.

			Outpatients.		Inpatients.	
			Males.	Females.	Males.	Females.
Worcester Infirmary	—	—	19	8	2	1
Kidderminster Hospital	—	—	10	5	—	1
Birmingham General	—	—	17	2	—	—
Guest Hospital, Dudley	—	—	18	1	—	—
Corbett Hospital, Stourbridge	—	—	19	4	—	—
Total			83	20	2	2

72. The number of cases of Gonorrhoea in Women attending Venereal Diseases Clinics has been commented on before. A Sub-Committee is meeting to consider the question of propaganda work in connection with Venereal Diseases.

73. A suggestion by one of the Surgeons in charge of a Venereal Diseases Clinic that the training Midwife should receive instruction in this work is under consideration. It should be possible, without any detriment to the Venereal Diseases Scheme, for Midwives to attend singly at Venereal Diseases Clinics for practical instruction.

74. It is rather extraordinary to see from Table IV. that there were but 10 new In-patients admitted during the whole of the year and that three of this number were classified as not suffering from Venereal Disease.

75. The cost of In-patient treatment in such circumstances is bound to be heavy, but as the Hospitals have to set aside certain accommodation for these cases, part of the cost really represents a retaining fee rather than the actual cost of treatment.

76. One case of Venereal Disease complicating pregnancy was admitted to Cleveland House, Wolverhampton, for treatment.

Vaccination.

77. The general indifference to vaccination applies also to Worcestershire and so long as Smallpox continues absent from the County this efficient protection against Smallpox appears to be treated as an unnecessary evil.

Isolation Hospital Accommodation.

A. *Fever Hospitals.*

78. The Isolation Hospital accommodation for Scarlet Fever, Diphtheria and Enteric Fever is generally satisfactory. During the present year I hope to be able to visit and report on these Hospitals which were established under the Isolation Hospitals Acts.

B. *Smallpox Hospitals.*

79. The Ministry of Health have made an Order empowering the Council to provide a Smallpox Hospital for the following Districts, viz :—

Borough of Bewdley.
 Borough of Droitwich.
 Borough of Kidderminster.
 Bromsgrove Urban District.
 North Bromsgrove Urban District.
 Redditch Urban District.
 Stourport Urban District.
 Bromsgrove Rural District.
 Droitwich Rural District.
 Kidderminster Rural District.
 Martley Rural District.
 Rock Rural District.
 Tenbury Rural District.

80. A Sub-Committee is now engaged in looking for a site in a suitable locality where a water supply is obtainable, and although this enquiry entails more difficulty than might be anticipated, it is hoped that the erection of the Hospital will not be long delayed.

Maternity and Child Welfare.

81. A Medical Officer of the Ministry of Health recently spent four days in the County obtaining details of the working of the County Nursing Association and the Council's Maternity and Child Welfare Scheme.

82. The chief recommendation of this visit, namely that the Council's Scheme be extended to include the visiting of all the larger Infant Welfare Centres weekly instead of fortnightly as heretofore is being considered by the County Council.

Midwives Acts 1902 & 1926.

83. The number of Trained Midwives practising in the County during 1926 was 205 out of a total of 247.

84. A study of the comparative figures for the last ten years points out two lines of progress, firstly the gradual substitution of the trained for the untrained Midwife, and secondly a more generous supply of Midwives in parts of the County.

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
No. Trained Midwives practising.	114	116	133	139	164	174	191	201	209	205
No. Untrained Midwives Practising.	103	92	88	84	74	66	59	54	47	42

85. When it is understood that a scarcity of Midwives exists already, a drop of 4 in the number of trained Midwives, although small is significant for on the 1st May, 1926, the period of training for Midwives was extended by the Central Midwives Board from 6 to 12 months. At the present time there are only about half the number of Midwives training compared with numbers 12 months ago. I fully expect that there will be difficulty experienced in getting women to undertake this training. The fall in the numbers of births makes it very difficult for Midwives except in Towns to undertake sufficient cases to earn a reasonable living, and in County districts it is impossible. Whilst the better qualified Midwife is certainly wanted, the services of such a Nurse in county districts will only be available in the majority of instances through a district Nursing Association.

86. Many complaints have been made by midwives that they frequently lose the whole or part of their fees through the poverty of the patient but I have no reason to think this is general: in certain cases the complaint is certainly justified.

87. Fifty-three District Nursing Associations received Midwifery Grants during the year towards their Midwifery services ranging from £5 to £25. This is quite distinct from grants made for work undertaken by the District Nurse directly for the County Council in visiting school children, Tuberculosis cases and Infants.

88. Seven Midwives during the year received subsidies of £10 from the County Council to assist them in their endeavour to earn a living.

. Of the 5,322 Births occurring in the County 3,006 were attended by Midwives. Of the remainder many were probably attended by Midwives but as a Doctor was in charge of the case the Midwife attended in the capacity of a Monthly Nurse.

. Each Midwife is visited at least twice annually by one of the Assistant County Medical Officers but the special enquiries into Still-births, high temperatures, deaths of Mothers and Infants, Discharging eyes etc., has resulted in many Midwives being seen at much more frequent intervals.

. With the exception of one breach of the Rules for which a trained Midwife was reprimanded the work of the County Midwives has been satisfactory.

. In the early part of 1927 the Influenza epidemic and several bad maternity cases revealed the fact that the Midwives in the Town of Stourbridge were insufficient to meet the demands for their services but as the result of an interview I had with the local Nursing Association I hope this position may soon be remedied.

. So far I have confined my remarks to the provision of Midwives, but it may be interesting to record the individual results as far as they can be judged from information available for the last 10 years :—

		1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
No. Births notified	—	5033	5104	5401	7515	6590	6034	5828	5523	5528	5322
No. Medical Aid Records notified	—	262	300	354	492	552	606	682	744	764	721
No. notified cases of Ophthalmia Neonatorum	—	34	34	29	38	31	38	30	21	17	20
No. notified cases of Puerperal Fever	—	11	14	15	11	7	9	9	13	11	14
No. Maternal Deaths	—	28	18	22	32	18	14	13	17	21	26
No. Still-births notified	—	183	191	182	253	232	211	200	181	167	181

Number of Births.

94. The present number of Births per year has fallen to almost the lowest level of the War period.

Medical Aid Records.

95. These are the cases in which Midwives ask for the assistance of a Doctor. The increase in number is very marked especially when the decreasing number of births is considered.

96. It is probable the declining birth rate will counteract this tendency to increase.

97. The claims by Medical practitioners on the County Council continue to increase and the total fees passed for payment amounted to £537 against £506 in 1925.

98. The amount recovered from patients was £74 16s. od. against £73 15s. 7d.

99. The Council are guided as to the amount claimed from the patient by a report from the Relieving Officer.

100. The majority of patients appreciate that the Council act fairly and generously in deciding what part if any of the Doctors Fee must be recovered but in ten cases the attitude of utter indifference displayed by the persons concerned towards their obligations made it necessary for the Council to take proceedings in the County Court for recovery of the Doctors fees. The County Council succeeded in obtaining judgment in nine cases for the payment of sums ranging from 4/- to £3 os. od.; the total sum received in this way amounts to £8 14s. 6d.

Ophthalmia Neonatorum.

101. Under the Public Health Order the Council have approved the following arrangements, viz.:

1. That each case of Ophthalmia Neonatorum be investigated by one of the Assistant County Medical Officers as heretofore.
2. That the services of District Nurses be utilised wherever practicable for treating cases where home treatment is prescribed and that a fee of 1/6 be paid to the respective Local Nursing Associations for each visit of a Nurse with a limit of 30/- per week for any one case.

3. That in those districts where the services of the District Nurse are not available the County Health Visitors be required to undertake the necessary nursing and that in any outlying parts of the County the Health Visitors shall where practicable take up a temporary residence near the patient.
4. That the following fees be paid to the Hospitals concerned for in-patient and out-patient treatment, namely—

Birmingham Eye Hospital	—	In-patient 8/- per day. Out-patient 1/6 per attendance.
Dudley Eye Hospital	—	ditto.
Worcester Eye Hospital	—	ditto.
Kidderminster & District General Hospital.		ditto.

102. The Council have also decided to refrain from exercising their power of recovery of the Doctors fee from the patient where medical aid is sought by a Midwife for inflamed and discharging eyes in Infants.

103. 20 cases of Ophthalmia Neonatorum were reported in 1926.

104. The figures recorded are satisfactory; further, from a scrutiny of lists of children awaiting admission to Blind Schools and from conversation with Doctors connected with Eye Hospitals I am satisfied the improvement is actual and constitutes the most satisfactory record of progress in this list.

Puerperal Fever and Maternal Deaths.

105. When it is considered that maternal mortality for the County as a whole is one of the least satisfactory rates, our Worcestershire figures can only be described as most disappointing, for not only is there no record of progress to put forward but the rate compares badly with that of the country as a whole.

106. During the last few months of 1926 the new Puerperal Fever and Puerperal Pyrexia Regulations came into force. The Council with the approval of the Ministry of Health have adopted a scheme whereby Institutional treatment will be available at the Womens Hospital, Sparkhill, Birmingham, the Kidderminster and District General Hospital and the Worcester General Infirmary.

107. The services of the Hon. Medical Staffs of these Hospitals will be available as Consultants.

108. I do not anticipate any great demand for the services of Nurses. In the majority of instances cases can be better treated in Hospital and where the Home conditions are suitable for home nursing the patients may be in a position themselves to provide for all nursing required.

109. Facilities for bacteriological examinations are available at the County Laboratory.

110. During 1926 14 cases of Puerperal Fever were notified and 11 women died.

111. Puerperal sepsis accounts for rather more than 1/3 of the total maternal mortality so that it is hoped these facilities may favourably influence the rate.

112. There are other factors connected with the confinement which influence this rate, probably the most important of all is the provision of a complete and efficient Midwifery service for the whole area. The records for certain Maternity Hospitals staffed by skilled Nurses certainly testify the importance of this skilled attendance.

113. The availability of suitable *in-patient accommodation* for cases of difficult labour or normal confinements where the home surroundings make it advisable is also of importance. Where overcrowding exists the need is very urgent. Quite recently I was informed of a case where there was one Bedroom occupied by Husband, Wife and five small children.

114. It is obvious that the sixth Baby ought to be born elsewhere, but apart from the Poor Law Infirmary no other accommodation existed.

115. The problem is far more difficult in a country area than in Towns where increasing use is made of the Beds set aside for Maternity cases by the Poor Law Guardians. The patients pay what they can afford when booking this accommodation.

116. The payment of a fee and the special nature of accommodation removes to a large extent any objection raised as to a connection with the Poor Law.

117. The City and County Nursing Association have a small Hospital at Worcester but it only makes provision for such cases as can afford to pay an ordinary weekly maintenance fee.

118. The following Table records the Hospital accommodation available in Worcestershire for Maternity cases.

			Beds reserved for Maternity Cases.	Beds not reserved but available in emergency.	No. Cases treated in 1925.	1926.	Remarks.
<i>General Hospitals.</i>							
Dudley Guest	—	—	—	—	—	—	
Stourbridge Corbett	—	—	—	3	—	—	
Worcester	—	—	—	—	8	—	
Kidderminster	—	—	—	—	—	21	
<hr/>							
<i>Cottage Hospitals.</i>							
Smallwood Hospital	—	—	—	—	—	—	
Bromsgrove Hospital	—	—	—	—	—	—	
Tenbury Hospital	—	—	—	—	—	—	
Malvern Hospital	—	—	—	—	—	—	
Evesham Hospital	—	—	—	—	—	—	
Shipston Hospital	—	—	—	—	—	—	
Pershore Hospital	—	—	—	—	—	—	
<hr/>							
<i>Poor Law Institutions.</i>							
Alcester	—	—	—	—	—	—	
Bromsgrove	—	—	—	—	—	—	
Cleobury Mortimer	—	—	—	—	—	—	
Droitwich	—	—	—	—	4	—	
Evesham	—	—	—	—	—	—	
Kidderminster	—	—	9	—	—	9	
Ledbury	—	—	4	—	—	—	
Martley	—	—	3	—	6	—	
Newent	—	—	—	—	—	—	
Shipston	—	—	2	—	—	14	
Stourbridge	—	—	8	—	—	—	
Stow-on-Wold	—	—	—	4	—	4	
Stratford-on-Avon	—	—	—	—	—	—	
Tewkesbury	—	—	—	—	—	—	
Tenbury	—	—	—	—	—	—	
Upton-on-Severn	—	—	—	—	—	—	
West Bromwich	—	—	—	—	—	11	
Winchcombe	—	—	1	—	—	—	
<hr/>							
			27	7	18	59	

The Tything Nursing Home Worcester - - 44*

* This represents the number of births in the Institution for two years.

Homes Registered under the Midwives and Maternity Homes Act,
1926.

<i>Name.</i>			<i>No. of Beds.</i>
Greenhill Hostel, Kidderminster	—	—	4
Endcliffe, Bewdley Road, Kidderminster	—	—	3
18 Elm Road, Evesham	—	—	1
Brightside, Manby Road, Malvern	—	—	3

119. Under the Act of 1926 four Maternity Homes have been registered and one Hospital has been exempted from registration.

120. The owner of a Nursing Home where from time to time Beds are used for Maternity cases has appealed to the Ministry of Health against the decision of the Council to refuse exemption.

121. This Home is admittedly not mainly used for Maternity cases but as it is run for profit the Council decided they could not grant exemption.

122. Enquiry into the cases admitted to these Homes has shown that the Infants born there are registered with the local Authority in whose area the Home is situated and many County Infants whose Mothers returned to the County after the lying-in period have not hitherto appeared on the County Lists, and so escaped visitation by the County Health Visitors.

123. Apparently the Registrar General makes allowance for these Births when calculating the Birth Rate but the difficulty in the County can only be overcome by relying on the person in charge of the Home sending to me a list of all births in the Institution who belong to the County.

124. If the Poor Law reform does eventuate, accommodation for maternity cases is a matter which should have consideration.

125. *Ante Natal supervision*, both by home visiting and by ante natal Centres is gradually increasing. At our Infant Welfare Centres Expectant Mothers are coming up in increasing numbers. This is a branch of the work which I should like to see extended as it forms a possible means of reducing the unsatisfactory maternal mortality rate and at the same time may assist in elucidating and eliminating those factors which are responsible for the large numbers of still-births recorded annually; in 1926 there were 181 such cases whilst the average for 7 years was 204.

126. The total number of Expectant Mothers visited at Home was 1876 and the number of visits paid by the various Health Visitors was 6009.

127. While not under estimating the value of Home visits the County Council realise the necessity for providing an opportunity for Expectant Mothers to confer periodically with a medical practitioner; consequently an ante-natal clinic was established at Halesowen.

128. The first years work was completed on the 31st March 1927 and as the results justify the expenditure, it is hoped to extend the work in 1927 and that Clinics at Stourbridge and Oldbury may be established.

Ante-natal Registers.

129. The County Council have forwarded a protest to the Central Midwives Board against the form of ante-natal Registers recently issued by the Board.

130. It was felt that there were many useful practicing Midwives who could not complete the record in its present form, for this reason I added a note to the Register suggesting midwives could consult the respective Assistant County Medical Officers if they were in any difficulty.

131. I know that these regulations have worried several very good and conscientious midwives, and it has been with difficulty that they have been persuaded to continue in the midwifery service.

132. Whilst the usefulness and necessity of ante-natal records is not questioned, some simplification of the details asked for would I think be advisable.

Still-births.

133. Dr. Eady reports on this question as under:—

“ I am very far from satisfied with the law as it stands
“ in regard to cases of Still-birth.

“ At the present time, a Midwife is entitled to give a
“ certificate of still-birth, which is all that is required to
“ enable the body of the infant to be buried.

“ No medical examination of the body takes place and
“ the only evidence available to the Medical Officer called

“ upon to make an inquiry into the affair is that of the state-
 “ ments of the Parents and the Midwives, for the body has
 “ been in practically every case already disposed of.

“ It is not possible to say whether the child has breathed
 “ or not or to form an opinion as to the probable character
 “ of the labour, the length of gestation or the method of
 “ delivery of the child.

“ The nature of the present-day propaganda and views
 “ held as regards birth prevention and family restriction
 “ which I hear loudly voiced on all sides has prompted me
 “ to the idea that in many cases I have been deceived, and
 “ that the so-called sixth month and seventh month children
 “ may have been full time children.

“ I look upon the whole position as very unsatisfactory
 “ and I cannot evade the unpleasant impression that an
 “ official inquiry into these cases, so far from acting as a
 “ safeguard against misconduct, may actually itself form a
 “ cloak and protection for those very abuses which it is
 “ designed to prevent.”

134. Whilst it must be admitted that the Law as to Still-births might be improved upon and further that the information acquired when these cases are investigated has so far not been particularly useful I do not share his fears that the investigations at present carried out may be actually harmful.

No. of Visits.

135. The following total visits to Infants were paid in 1926, viz. :

By County Health Visitors	—	—	31,012.
By District Nurses	—	—	17,362.
By Voluntary Agency Nurses	—	—	11,121.
By Kidderminster Corporation Nurse	—	—	5,944.

Voluntary Agencies and Voluntary Workers.

136. The following Voluntary Agencies exist in the County, viz. :

Alvechurch	—	—	—	1 Centre
Broadway	—	—	—	1 Centre
Blockley	—	—	—	1 Centre
Evesham	—	—	—	1 Centre
Fairfield	—	—	—	1 Centre
Malvern	—	—	—	4 Centres.
Stourbridge	—	—	—	1 Centre
Tardebigge	—	—	—	1 Centre
Tenbury	—	—	—	1 Centre
Upton-on-Severn	—	—	—	1 Centre
Kidderminster Corporation	—	—	—	3 Centres.
Total — — —				16 Centres.

137. The Minister of Health in considering a report by the Medical Officer of the Ministry who recently visited Worcestershire expressed his appreciation of the assistance given by the Voluntary workers at the Infant Welfare Centres.

138. In reading the reports on these Voluntary Centres and also the record of work carried out by the after care Associations working in conjunction with some of your own Centres, I was struck not only with the amount of work carried out by these Ladies Committees but also by the initiative shown in the way of extending the original scheme in useful directions. Although it is not possible to place on record the work at all these Centres the following indicate the lines on which the certain progressive Centres are working.

139. *The Malvern Association* now provides dental treatment for Expectant Mothers and Nursing Mothers and also children under 5 years of age.

140. *The Evesham Association* have acquired a Site on which they hope to build a Centre at some later date.

141. *The Oldbury After Care Association* sent 5 children to Rhyl, 1 Mother to the Royal Mineral Hospital and another to a Convalescent Home.

142. Four Mothers have been provided with Home Helps and children have been assisted in obtaining Sunlight Treatment.

143. *The Langley After Care Association* has assisted in providing clothes, surgical belts, and Dressings and with the fares of Mothers and children advised to attend Hospital.

144. *The Kidderminster Borough* have 3 Centres, and in addition they provided the first ante-natal Centre in the County. Sewing classes are held regularly and assistance is given to cases needing surgical appliances.

145. *The Halesowen Centre* has won two Shields open to the whole country, the first being for an essay written by a Mother on Infant Diarrhoea, the second was for an account of the Baby week held in Halesowen.

146. *The Malvern Centres* did very well in the National Mothercraft Competitions, and after a tie, took second place to Birmingham. The classes included knitting and sewing, and it says much for the enthusiasm of the workers that the Fathers were persuaded to enter for and obtained honours in the Cobbling classes.

147. *The Stourbridge Centre* provided for the Nursing of all Ophthalmia Cases before the County Council had a complete scheme.

148. The further advantage of all these Centres spread over the County is that cases of hardship do occur in almost every area. A glance at the balance sheet of almost any Centre will demonstrate that such cases are assisted. The Milk (Mothers and Children) Order is not operating in the County at present but the Committees of these Centres with the advantage of local knowledge fill what might otherwise be a big gap in the Council's Maternity and Child Welfare Scheme.

149. I desire to express my appreciation of the work done by these Voluntary Committees.

150. The Medical Officers of the Council do their utmost to encourage Breast feeding of Infants but where artificial feeding must be resorted to, dried milks are supplied at the Infant Welfare Centres on the advice of the Medical Officer in charge.

151. While the County Council accept no responsibility for the financial arrangements I find many of the Health Visitors buy and sell this dried milk and are responsible for considerable sums of money.

152. I am endeavouring to bring about the co-operation of a small local Committee in this work as I do not think it fair that the Council's Nurses should accept sole financial responsibility.

153. The following table gives the average weekly attendances of Infants at the 26 Consultation Centres in Worcestershire during the twelve months ended 31st March 1927.

County Council Centres.

Centre.	Average Weekly Attendances.			
Redditch	—	—	—	114
Oldbury	—	—	—	97
Warley	—	—	—	84
Langley	—	—	—	67
Lye	—	—	—	100
Halesowen	—	—	—	115
Cradley	—	—	—	86
Blackheath	—	—	—	103
Bromsgrove	—	—	—	79
Catshill	—	—	—	13

Voluntary Agency Centres.

Centre.	Average Weekly Attendances.			
*Broadway	—	—	—	16
*Alvechurch	—	—	—	17
Evesham	—	—	—	51
Stourbridge	—	—	—	77
Malvern Link	—	—	—	39
Poolbrook	—	—	—	23
Newton	—	—	—	34
*Wyche	—	—	—	18
Tenbury	—	—	—	6
†Tardebigge	—	—	—	18
*Blockley	—	—	—	18
*Fairfield	—	—	—	8
Upton-on-Severn	—	—	—	3

Kidderminster Corporation Centres.

Prospect Lane, Kidderminster	—	88
St. John's, Kidderminster	—	72
Orchard Street, Kidderminster	—	56

* Opened Fortnightly.

† Opened Monthly.

154. Maternal Deaths in the practice of Midwives are investigated but only those cases where doctors are not in attendance. Such occasions are few and far between. No such investigations were made in 1926.

155. In connection with the Infant Life Protection 62 children were visited by the Health Visitors. This work is carried out on behalf of the Boards of Guardians of whom 5 have availed themselves of the services of the Council's Officers.

Child Welfare Work.

156. Ten years have elapsed since the County Council adopted a scheme in 1916 with the object of reducing the number of Infant deaths and improving the health of those surviving, and the following Table shows how far this object has been attained ;—

Infantile Mortality Rate for :—

		1911-15.	1916-20.	1921-25.	1926.	Infant Welfare Centres.
<i>Urban Districts.</i>						
Bewdley	—	75	91	73	17	—
Bromsgrove	—	80	69	74	71	1
North Bromsgrove		91	71	46	63	1
Droitwich	—	113	58	60	143	—
Evesham	—	103	68	44	76	1
Halesowen	—	118	86	71	77	3
Kidderminster	—	117	88	75	57	3
Lye	—	133	82	74	72	1
Malvern	—	77	50	35	27	4
Oldbury	—	118	104	77	56	3
Redditch	—	83	61	69	33	1
Stourbridge	—	101	75	67	59	1
Stourport	—	116	60	68	113	—*

* A Centre was run by a Voluntary Agency but was closed, as the attendances were disappointing.

Rural Districts.

Bromsgrove	—	61	64	59	57	3
Droitwich	—	77	55	52	23	—
Evesham	—	62	56	31	43	1
Feckenham	—	89	85	53	38	—
Kidderminster	—	82	63	57	61	—
Martley	—	57	71	72	52	—
Newent	—	59	61	62	—	—
Pershore	—	72	40	48	49	—
Rock	—	58	41	61	33	—
Shipston-on-Stour		65	50	77	—	1
Tenbury		88	71	31	58	1
Tewkesbury	—	31	70	34	—	—
Upton-on-Severn	—	62	54	48	36	1

County Rate.

98	75	63	56	—
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157. The Registrar General publishes certain figures for each area which provide a ready method of recording progress as far as deaths are concerned but the improvement or otherwise in the health of the survivors is more difficult to estimate.

158. That a reduction in the Infantile Mortality Rate has taken place is well known. Our Worcestershire Rate of 56 for 1926 is easily a County record.

159. The healthiness of the Home and the general sanitary conditions of the area are influencing factors which the Local Sanitary Authorities control. The Infant Mortality Rate is one of the most sensitive indications of the home conditions and surroundings but it is also generally accepted that the Health Visitor and the Welfare Centre must be credited with a considerable share of the improvement in this Rate.

160. I think it will be of interest if the records for the different Sanitary Districts are given as well as the County Rate, in dealing with the small populations the 5 year average gives a more reliable figure than an isolated year. I have given the rate for 1926 and the average for the quinquennial periods 1911-15, 1916-20, 1921-25. The figure in the last column under the heading of Infant Welfare Centres refers to the number of centres in the area of each particular authority. These records are separated into two groups, Urban and Rural districts, as on general lines no comparison can be made between such areas.

161. Whilst the aims of the Urban Authority are to provide open spaces, fresh air and sunshine for the inhabitants of the area; the Rural authority already has these advantages which largely account for the differences in average rates which are generally recorded. The results in some areas indicate very fair records of progress, but in certain areas for instance Bewdley, Droitwich Boro, Bromsgrove Urban, Martley and Shipston Rural the figures are disappointing.

Treatment of Cripples.

Number of Cases on Register.

Non-tubercular crippled children	—	—	432*
Tubercular cripples (active)	—	—	116
Tubercular cripples (quiescent)	—	—	39

(*Includes school children).

Present Arrangements.

162. The present arrangements for treatment of Cripples in the County are :

Institutional.

(1) Institutional treatment at Woodlands and Forelands (Hospitals of the Birmingham Cripples Union). An average of about 12 to 14 beds is occupied by tuberculous and non-tuberculous crippled children from Worcestershire.

(2) At the Shropshire Orthopaedic Hospital where two or three adult tuberculous cripples are usually under treatment.

(3) Occasional cases are also treated at Worcester Infirmary, Kidderminster General Hospital, St. Gerard's Hospital, Coleshill, and the Queen's Hospital, Birmingham.

(4) A certain number of tuberculous cripples are also treated at Knightwick Sanatorium.

Out-patient treatment and After-Care.

(a) Arrangements exist for treatment and supervision at the Stourbridge After-Care Clinic held each Thursday morning at 40, New Road, Stourbridge, which is under the supervision of Mr. Naughton Dunn, Orthopaedic Surgeon to the Birmingham Cripples Union, who visits the Clinic at intervals of approximately four to eight weeks. The Nursing Staff, in attendance weekly, is also provided by the Birmingham Cripples Union together with assistance from Voluntary Helpers and County Nurses.

163. During the last four months of 1926, 122 cases were examined and there were 424 attendances recorded at this After-Care Centre.

(b) Out-patient Department of the Birmingham Cripples Union.

(c) Out-patient Department of the Worcester Infirmary under Mr. Duggan, the Orthopaedic Surgeon to the Hospital.

164. In 1926-27, a sum of £500 was included in the estimates for crippled children other than tuberculous. This sum was exceeded and was spent as under :

In-patient treatment	—	—	£383
Out-patient treatment	—	—	£194

165. In the current year, provision is made in the estimates which will be placed before the Council at their next Meeting for approximately £1000 expenditure on cripple cases other than Tuberculous.

166. Further provision for the treatment of tuberculous cripples was arranged for last year and subject to the approval of the County Council it will be possible to further extend the arrangements for institutional accommodation this year.

167. The proposed extension of the cripples work in this year includes :—

(1) Increased institutional accommodation for tuberculous cripples and some increase for non-tuberculous cripples.

(2) For the opening of new After-Care Clinics in other parts of the County.

At the present time correspondence is being conducted with the Warwickshire County Council for a combined Clinic to be opened in Redditch. It is hoped that a Clinic will be opened in Oldbury in conjunction with the Local Education Authority at some later date.

(3) Improved After-Care work in the South of the County by the appointment of an Orthopaedic Nurse in conjunction with the City of Worcester Authority.

168. The Worcester Voluntary Association for Mental and Physical Welfare suggested that if the County and the City were prepared to support such a Scheme, they would appoint a fully trained Orthopaedic Nurse having a certificate in massage and remedial exercises as well as the special training in an Orthopaedic Hospital. It was considered that three-fifths of this Nurse's time would be available for County work and that she should attend at the Open-air School at Malvern for the purpose of treating early cripples by remedial exercises. In addition she would attend at the Worcester Infirmary, where a weekly after-care clinic at the Out-patients' Department would be held, and she would visit the homes of cripples in the South of the County.

169. It will be seen from the above outline that the County may be divided approximately into two areas.

(1) An agricultural area of approximately 100,000 population which will have the Worcester Infirmary as its Institution and After-Care Centre under the supervision of Mr. Duggan, continuity

of treatment and after-care will be provided for, if the above mentioned Orthopaedic Nurse is appointed. It is thought that the Institutional treatment at present available in the Worcester Infirmary, which is recognised by the Board and Ministry for short periods, will reasonably meet the demands of this area as the numbers of cripples so far ascertained have not been very large. Mr. Duggan has on his list approximately 150 County cases but many of these represent minor defects of flat feet and scoliosis where excellent results can be obtained without institutional treatment. It will be possible in severe cases where long periods of in-patient treatment in the open-air are required, to arrange for admission to some other Hospital such as Coleshill, Oswestry, or even the Hospitals of the Cripples Union in Birmingham.

(2) In the North of the County the population is denser and as might be expected, crippling defects are more common and as a rule, more severe. This area can be conveniently served by the two Hospitals of the Cripples Union, one of which is situated in the County, at Bromsgrove, and the other on the outskirts of the County, at Northfield.

170. The treatment of crippling defects, Ophthalmia Neonatorum and Tuberculosis is at present the extent of curative provision included in the Council's Schemes.

The question of continuous supervision of children from birth to school age, and the treatment of squints, minor ailments, and also Tonsils and Adenoids in the pre-school child is dealt with in my school report of this year.

Blind Persons Act, 1920.

171. The Council's Scheme, given briefly, provides for:—

(1) A subsidy to the Worcestershire Association for the Blind of £150 per annum, together with a contribution of £160 per annum towards the salary and expenses of two Home Teachers.

(2) A capitation grant (approximate total annual cost £233) to the Birmingham Royal Institution for the Blind, for the Home Workers Service.

(3) A grant of £60 per annum to the Stourbridge Workshops for the Blind, where several Blind Workers find employment.

(4) An annual grant of approximately £15 to the National Library for the Blind.

172. The definition of a "Blind Person" presents many difficulties, and I have suggested to the Secretary of the County Association that no new names should be added to the Register unless a certificate in the form accepted by the Ministry of Health is available. Where the patient is quite blind no difficulty arises, but the border-line case is a different problem, and where assistance is given by way of funds in such cases, a certificate of blindness should first be obtained.

173. The Worcestershire Association for the Blind undertakes the main duties under the Act in Worcestershire. One extension in the Scheme which has just been sanctioned by the County Council is, the making of an additional grant to enable a second Home Teacher to be employed.

174. The duties of a Home Teacher have been summarised as follows :—

1. Visiting and reading to the Blind.
2. Teaching "Braille" and "Moon."
3. Teaching simple occupations.
4. Advising with regard to pensions.
5. Registration.
6. Arranging concerts, classes and outings and supervising clubs and social centres.
7. Investigation of necessitous cases.

175. Teaching the blind to read, and the provision of Wireless Sets, both of which are included in the efforts of the Worcestershire Association, must bring a great deal of happiness into the homes of blind people.

176. Before leaving the subject of the Blind, the possibility of prevention of blindness should be considered, for however important and necessary these statutory duties placed upon the Council on behalf of the blind are, they must be considered of secondary importance to preventive effort.

177. The Council's arrangements include :—

1. The prevention of blindness by treatment of inflammation of the eyes in new born babies.
2. The appointment of a School Oculist.
3. The operative treatment of squint in school children.
4. Venereal diseases clinics and ante-natal clinics for the detection of such conditions.

178. Inflammatory conditions of the eyes account for 60 per cent. of all cases of blindness. Venereal diseases account for the bulk of cases under this heading. Of the infectious diseases, Measles is important. Smallpox used to account for many cases, but of recent years this source has disappeared.

179. The Public Health Act, 1925, gave Councils powers to take action to prevent blindness. I do not think that any further action is at present advisable except in improving the facilities in those directions already outlined.

180. I have suggested in the School Report for 1926 that children below school age should, when necessary, be examined by the School Oculist, as to wait until admission to school takes place may convert a temporary into a permanent defect.

181. The group of congenital eye defects is mostly hereditary. There is a family in Worcestershire where three members have been sent by the Council to special Schools for training. There is yet another family the members of which suffer from a congenital eye defect, the treatment of which has been the cause of considerable expense to the County.

182. The results of treatment in such cases are as a rule disappointing, and as Local Authorities are powerless to prevent the increase of such defectives the position can only be described as unsatisfactory. Whilst the freedom of the individual is a social problem, the cost when defects of eye or brain are transmitted must weigh heavily upon the individual and the race.

Housing of the Working Classes.

183. As I mentioned last year, approximately 4695 new houses have been built in the County since the War. At the same time, much still remains to be done, and in the towns many houses condemned as unfit for human habitation remain occupied because there is no alternative accommodation.

184. The most progressive building Authorities in the County were those who had the largest number of occupied condemned houses in their returns. There can be little doubt that many returns did not represent the actual housing conditions of the areas, for the lack of alternative accommodation was the deciding factor which prevented the houses from being included in the return of houses condemned and still occupied.

185. That a shortage of houses exists is only too apparent from the survey reports for 1925, for even in areas where building has been active, the following positions are recorded :

In the Halesowen Urban District there are over 300 houses, in each of which reside two or more families.

In the Lye and Wollescote Urban District the number of families is stated to be 2983, while the number of the occupied houses is 2,752.

In the Redditch Urban District, 585 houses are each occupied by two families, while 21 houses are each occupied by 3 or more families.

In Stourbridge Borough, there are 4472 houses occupied by 4987 families.

186. No houses have been built in Bewdley by the Corporation since the War, and in view of the unsatisfactory position revealed by the reports of the Local Medical Officer of Health, I was instructed to visit and report upon the housing conditions in the Borough. Whilst the difficulty in obtaining suitable land for building near the river is apparent, the unsatisfactory nature of some of the houses condemned, but occupied, makes it imperative that alternative accommodation should be provided, as otherwise the present deadlock will continue, and the state of general repair will become worse. The Public Health and Housing Committee has forwarded my report to the Borough Council, who, I understand, are making further efforts to obtain a suitable building site.

Rural Housing.

187. That housing is the most urgent problem which the nation has to face is generally recognised, for whether the subject under discussion be tuberculosis, rheumatism, infant mortality or the social evils following upon overcrowding, the remedy always includes that panacea "improved housing conditions."

188. The Housing (Rural Workers) Act, 1926, is now in operation, and the Council have decided, while retaining the administration of the Scheme under the Act in their own hands, to co-operate as far as is practicable with Local Sanitary Authorities.

189. In connection with rural housing, it should be noted that compared with ten years ago, the population of rural areas has *decreased*.

190. It is obvious therefore that unsatisfactory housing conditions in rural areas is largely a matter of *unsuitability* rather than *insufficiency* of houses.

191. The object of the Act is to try and put in repair cottages in rural areas, for it is recognised that if this state of disrepair continues, closing orders will follow.

192. In the absence of building by Councils or private enterprise, districts cannot allow cottages to go out of use for want of attention, at any rate until such time as it is economically possible to build a house in which a rural worker can afford to live.

193. This Act at present provides the most likely means of dealing with what has been a deadlock, for it is generally admitted that the subsidy house has done much to better the urban housing problem, but as long as the economic conditions of the rural worker are so dissimilar, the improvement it brings about in rural areas is bound to be very limited.

194. There are certain criticisms which are levelled at the Act and which I think are worth stating.

195. First, it is said that as the Act is too complicated, it will not be understood, and, therefore, not used. There is something to be said for this criticism, but if due publicity is given to the Act, and the Officers of Local Authorities are familiar with the details, I think the difficulty will be largely overcome.

196. Then it is said that as the initiative rests with the individual and not with the Local Authority, the Scheme will lack driving power and be difficult to set in motion. In my opinion, this is not a serious difficulty, as the Local Authority will be able to bring pressure upon certain owners of property with a reasonable chance of the improvements being carried out without a large increase in the tenant's weekly rent and at little expense to the Landlord.

197. The third disadvantage of the Act is said to be the creation in certain cases of a new housing authority, namely, the County Council, which it is thought will tend to produce overlapping and confusion.

198. The difficulties of rural housing, water supplies, and drainage works can generally be described as financial. In certain sanitary areas in this County the product of a penny rate makes substantial progress in such directions almost an impossibility.

199. Local knowledge is important, but forms no substitute for financial inability. The arrangement by which the County Council remains the Authority under the Act, which allows of the cost of housing being spread over as large an area as possible, together

with the utilization of local knowledge by securing the co-operation of the Local Sanitary Authority, probably provides the most favourable means of making the Act useful.

200. The last criticism I intend to mention is destructive, and an actual one, namely, that *many rural houses can never be made fit for habitation.*

201. This will refer to many cottages where it would be economically impossible by this Act, or by any other Act, to bring them up to a decent modern standard, but I am satisfied that there are many rural houses where the Act can be usefully employed, and therefore I hope that the County Council and all Local Sanitary Authorities will put this problem of rural housing in the forefront of their programmes during the short time it is intended that the Act shall be in operation.

202. The preliminary steps should include :

- (i) The distribution of information as to the details of the Act by means of advertisements in newspapers or otherwise, through bodies such as Parish Councils, the National Farmers Union, etc.
- (ii) A complete understanding between the County Council and the Local Sanitary Authorities as to the working of the Act, which can only be reached by meeting and discussing the details.
- (iii) A survey under the Housing Regulations of all houses in the area of an Authority, which may come within the scope of this Act.

203. In his Annual Report for 1925, Sir George Newman states :

“ One aspect of public health activity which comes under
 “ review in inquiries into the sanitary administration of
 “ districts is the discharge of the duties which have devolved
 “ upon Sanitary Authorities under the Housing (Inspection of
 “ District) Regulations, 1910 (now replaced by the Housing
 “ Consolidated Regulations, 1925).

“ These Regulations require regular and systematic
 “ inspection of dwelling houses with a view to the remedying
 “ of defects which may tend to render the house dangerous or
 “ injurious to the health of an inhabitant. The performance
 “ of this duty was of necessity neglected in most Districts
 “ during the War. In some districts lately visited it has

“ been resumed in a satisfactory manner, but in many, and
 “ more especially in county districts, the Regulations remain
 “ in more or less complete abeyance. The reason generally
 “ given for default is that systematic inspection is of little
 “ value in the absence of alternative accommodation for those
 “ who may be displaced by closing orders. Under present
 “ conditions the difficulty of enforcing closing orders has
 “ often to be accepted with the resultant continued habitation
 “ of unfit property. But it is evident that many Authorities
 “ have failed to realise that this is only one aspect of their
 “ duties under the Housing Regulations ; that it is equally
 “ necessary to exercise supervision of all working class property
 “ to prevent it from falling into a state which may necessitate
 “ closure. The neglect of this duty is, in many districts,
 “ resulting in an accumulation of housing defects prejudicial
 “ to health.”

204. From the district reports, this criticism is applicable to Worcestershire, for whilst there are Authorities who have completed and recorded the results of housing inspection for the whole district, in others the Sanitary Officers—at the present rate of progress—would take ten, or even twenty or thirty years, to complete the inspection.

205. The Act can only be set in motion on the application of an owner for a grant, and no idea can be expressed at present as to the extent to which such applications will be received.

206. The following are some of the particulars of the general conditions under which financial grants will be made, viz. :

The estimated value of the house after alteration or addition must not exceed £400.

The Grant, which will become payable on completion of the work, will be two-thirds of the *estimated cost* of the alterations, but will be limited to £100 for any one house. No grant will be made where the estimated cost of the proposed alterations is less than £50.

The suggested alterations will be subject to the approval of the District Council, and when completed the dwelling must be *fit for habitation*.

The tenants for 20 years must be agricultural workers or persons whose economic position is similar.

The rent will be the average for agricultural workers in the particular district in which the premises to be altered are situated, or the average rent actually being paid, increased by three per cent. on the landlord's own capital expenditure (*i.e.*, the amount not covered by the grant). Where doubt exists the County Council will fix the amount of the normal agricultural rental.

The owner shall, from time to time, and when required, give a certificate that these conditions as to tenancy and rental are being complied with.

It is unlawful for any person to receive any payment other than rental, when a tenant parts with possession of a cottage to which these restrictions apply.

In the event of a breach of any of the aforesaid conditions, the grant, together with compound interest to date, shall be recoverable by the County Council from the owner, unless that Authority, with the consent of the Minister of Health, waive the right on being satisfied that the breach was not due to the act, default or connivance of the owner.

The following is an example of how the Act will work, *viz.* : assuming a cottage let at 4/- per week is enlarged or improved for £150 ; in this case, the grant will be £100, and the owner's expenditure will be £50. Interest at 3 per cent. on the owner's expenditure amounts to £1 10s. 0d. per annum, and the rental could therefore be increased by 7d. per week, making a total rental of 4/7 weekly.

207. The works in respect of which application may be made include :—

Structural alterations or repairs.

Additions to premises.

Water supplies and Drainage.

Sanitary conveniences and other like works.

208. The works which will be eligible for assistance must not include works of ordinary repair or upkeep, except so far as they may be incidental to or in connection with more substantial works of reconstruction.

Sanitation.

Bromsgrove Urban and North Bromsgrove Urban Districts.

209. Dr. H. Cameron Kidd, the late Medical Officer of Health, stated in his report for 1925 with reference to the North Bromsgrove Urban District that "the need for sewerage in the older parts of the Districts, and where building is certain to develop is quite obvious."

210. In regard to Bromsgrove Urban District, he says that "there still remain in the town sufficient cesspit privies to make necessary the emptying of 780 during the year. This continuous expense of nightsoil removal should be unnecessary."

211. He recommends a joint scheme of sewage disposal for this area in conjunction with other Authorities.

212. I hope this Salwarpe drainage scheme will soon materialize, as the need for further privy conversions and the extension of a modern form of water carriage to developing areas is absolutely essential for sound sanitary progress.

Bromsgrove Rural District.

213. Dr. F. W. J. Coaker, the Medical Officer of Health, states that "Stoke Prior disposal works are taxed to their utmost capacity and should soon be re-organised." As this might be included in the above mentioned drainage area, no action is likely to be taken until the question of the Salwarpe drainage scheme is decided upon.

Droitwich Rural District.

214. Although I find no mention of it in the Annual Report for 1925 of Dr. Wilkinson, Medical Officer of Health, Stoke Works is a village which I know from personal experience is badly in need of drainage facilities, and could probably be included in the drainage area above mentioned.

Droitwich Borough.

215. The drainage of this area has been a subject of discussion for some years. The sewage effluent from the farm drains into the River Salwarpe. How far it would be practicable for the Droitwich sewage to be treated at common outfall works in conjunction with the other areas mentioned is largely an engineering question but as in general the multiplication of sewage disposal works makes the system more costly and less efficient, it appears to me that the possibility of co-operation, if it has not already been explored by the Droitwich Borough Council, would be well worth consideration.

216. From the report for 1925 of Dr. Keith Roden, the Medical Officer of Health, who was appointed during that year, I have obtained the following information : viz.—

Privies and ash pits cleansed	—	—	—	638
Number of conversions (to water carriage system)				Nil.

Halesowen Urban District.

217. In spite of 121 privy conversions during 1925, there were still, at the end of that year, 1280 privy middens in the district.

Lye and Wollescote Urban District.

218. Dr. H. C. Darby, Medical Officer of Health, reported at the end of 1925 that almost every house in the District is now provided with a w.c. and connected to the sewer. There are only about 18 middens to be converted to w.c's.

Oldbury Urban District.

219. Dr. C. W. Sharpley, the Medical Officer of Health, in a recent report stated :

“ In the year 1919 there were more than 1400 midden
 “ privies within the limits of the Urban District boundary.
 “ That number has since been reduced to 126 by systematic
 “ procedure under Section 36 of the Public Health Act, 1875,
 “ without any expense to the Council being incurred. It is
 “ expected that within a few months the complete abolition of
 “ the privy system will have been effected except in a few
 “ isolated houses to which sewers are inaccessible.”

Bromsgrove Rural District.

220. The extensions at Hunnington have commenced, and a drainage scheme for the new model village is now under construction.

221. Extensions of sewers and disposal works at Hagley are being carried out. Dr. Coaker says “ the black spot of the district
 “ is Wythall, where the combination of wells and cess pools in
 “ small gardens will lead to disastrous effects in course of time.”

Stourport Urban District.

222. Dr. E. S. Robinson, Medical Officer of Health, says :

“ In the bungalow area pail closets are in use and the
 “ contents removed regularly by the Council Staff. No other
 “ satisfactory method is practicable in the circumstances.”

Evesham Rural District.

223. The following statement appears in the Report for 1925 upon this District :

“ Cleeve Prior is a village which should be sewered. The only means of drainage is a drain in the village street which is not sufficient to take sewage. There are several w.c's. connected to it.”

Shipston-on-Stour Rural District.

224. The work of connecting houses to the sewers has now been commenced. Dr. Findlay, Medical Officer of Health, records extension of sewers, and repairs to old sewers, together with the overhauling of the machinery and filters at the outfall works.

Scavenging.

225. The importance of scavenging is, I am glad to say, receiving more general support in villages and small towns than in the past.

226. Arrangements now exist for regular collections at Chaddesley Corbett, Shipston-on-Stour, Hagley, Alvechurch and many other villages.

227. The lot of a cottager with an accumulation of years of rubbish, including tins and other indestructible matter, is not an easy one. The provision of an official village tip should be more general, for the indiscriminate dumping of rubbish in unsuitable spots presents a menace to health and often an eye-sore to the neighbourhood.

Pershore Rural District.

228. Certain very unsatisfactory features connected with scavenging in the town of Pershore are receiving attention.

Shipston-on-Stour Rural District.

229. Dr. Findlay, the Medical Officer of Health, says in his report for 1925 :

“ I still think that a scheme for the scavenging of the township of Blockley would be useful and a benefit to that part of the District.”

Water Supplies.

Kidderminster Rural District.

230. Wolverley and Cookley now have a piped water supply from a bore hole at Lower Cookley.

231. At Wribbenhall, 27 additional houses were connected with the mains during 1925.

232. The water supply at Chaddesley Corbett is from wells, many of which are polluted.

Shipston-on-Stour Rural District.

233. Dr. Findlay says :

“ The new works at Ebrington have now been completed. “There now appears to be a plentiful supply of water at Shipston.”

Bromsgrove Rural District.

234. The water mains have been extended to Belbroughton Village, and the extension to Broom Hill has been completed. This opens up new possibilities for Belbroughton in the way of a modern drainage system.

235. The Alvechurch supply was also completed during the period covered by the Survey report.

236. During 1925, 155 houses in this District were connected with the water mains.

Pershore Rural District.

237. The negotiations as to the Overbury Springs have fallen through. The District Council are considering the possibility of a supply from the River Avon.

Milk.

238. In 1923, the Milk (Special Designations) Order was introduced.

239. In Worcestershire, two Grade A licences under this Order have been renewed, subject to certain alterations to premises being carried out.

240. Licences to produce Grade A (Tuberculin Tested) and Certified Milk are issued by the Minister of Health. As far as I am aware, there is one producer of Certified Milk and one producer of Grade A (Tuberculin Tested) Milk in the County, and another person will probably soon be authorised to produce Certified Milk.

241. The mode of production, rather than the premises, is the main factor in producing clean milk.

242. The diseases which may be produced by milk include :

Bone and Joint Tuberculosis.

Epidemic Diarrhoea.

Typhoid and Paratyphoid Fever.

243. Certain outbreaks of Scarlet Fever, Diphtheria, Cholera and Foot and Mouth Disease may occasionally be connected with milk supplies.

244. Milk is the most valuable food for the child, but it also forms the most useful material in which germs of disease may multiply. Milk has been described as full of life and death ; it is the most precious of foods but may sow the seeds of disease.

245. When this knowledge is broadcast, can it be wondered that the use of patent foods is often resorted to, and there are few who have the courage to recommend the use of unboiled cows milk ?

246. A producer of Grade A Milk recently complained to me that he did not get the support he expected from the medical profession. There is, I think, a feeling of uncertainty, and the present tendency is to advise that all milk be boiled.

247. The title " Grade A " is confusing ; it is too similar to " Grade A (Tuberculin Tested) " which carries the guarantee that a herd is tuberculin tested.

248. Recently a large Institution was supplied with Grade A Milk, which the authorities of the institution were under the impression was obtained from a tuberculin tested herd. I know that two cows which were in that particular herd reacted at a later date to the tuberculin test.

249. Although progress as far as graded milk is concerned can only be described here as slow, there is an awakening that cleaner milk is required. At present the producer may advertise on his van that he produces milk from a tuberculin tested herd ; although he probably does so, he takes out no licence, and competes against the licenced producer of graded milk.

250. The results of clean milk competitions indicate that a good deal of milk sold without any special claim reaches a high standard of cleanliness. I am convinced that even in cowsheds very far from perfect, a very high standard can be produced by rigid adherence to cleanly methods of production and handling.

251. The County Council have certain duties under various Acts and Orders in regard to milk. These can be briefly summarised as follows :

- (a) To stop the supply of tuberculous milk used for human consumption when produced in the County.
- (b) To compensate the owners of cattle destroyed under the Tuberculosis Order, and
- (c) To inspect dairy cattle in the County.

252. In considering the Milk and Dairies Order, 1926, the following decisions were arrived at :—

1. That it is not necessary to adopt routine inspection of dairy cattle.
2. That action should only be taken when information is received that a cow or milk is suspected to be tuberculous.
3. That no fee be charged for analysis of samples requested by the Council provided the Local Sanitary Authorities make no charge for the collection of the sample.
4. That arrangements be made for the examination of 100 samples annually at the County Laboratory.
5. That except in special cases two samples of milk from each of the smaller authorities and four samples of milk from each of the larger authorities be examined each year.
6. That the Sanitary Inspectors of Local Sanitary Authorities be asked to submit samples at times to be arranged by the County Analyst.
7. That where, upon examination of a sample, action is found to be necessary, the appropriate Veterinary Inspector appointed under the Diseases of Animals Act be asked to visit and report, and that in the event of a diseased animal being found, a report be made at once to the Sub-Inspector of the District with a view to action being taken under the Tuberculosis Order.

8. That a scale of fees (similar to that adopted under the Diseases of Animals Act) be paid to the Veterinary Inspectors for examinations under the Milk and Dairies Order.

253. The Council are arranging for a "Clean Milk Course" for the Sanitary Inspectors in the County.

254. A Conference was held at the Shirehall, Worcester, on the 14th January 1927, between County Sanitary Officers and representatives of the Worcestershire Branch of the National Farmers Union. The Meeting was well attended and the discussion very complete.

River Pollution.

River Severn.

255. Surveys of the river were made in conjunction with the Ministry of Agriculture and Fisheries and other Counties in 1925 and 1926. The results of these surveys were discussed at a Conference held in Worcester recently.

256. Dr. Jee, Technical Adviser on River Pollution (Ministry of Agriculture and Fisheries) consolidated the findings of the various authorities and circulated his report to each authority prior to the Conference which was convened by Lieut. L. H. Milne (District Inspector) and attended by Dr. Jee.

257. In 1925 the River Severn, as judged by the dissolved oxygen figure, was in a satisfactory state, very high figures representing super-saturation being recorded.

258. In 1926 the survey indicated that the River Severn was not in such a healthy condition, and that the oxygen figure for the River was worse on leaving the County than on entering it.

259. The variation in the figures recorded for these two surveys was very marked. Some further knowledge of the influence of sunlight, temperature and animal life on the dissolved oxygen would be of great assistance when attempting to arrive at conclusions as to the harmful results of pollution by sewage effluents on rivers, as demonstrated by the dissolved oxygen figure.

River Stour.

260. The Stour is the most polluted river running through Worcestershire; it is grossly contaminated with Sewage and acid waste.

261. In the Report on Lye and Wollescote, Dr. Darby wrote, "The Stour which forms the northern part of this district "is much less polluted than some years ago."

262. During the year, I visited the Sugar Beet Factory at Kidderminster. The effluent from these works reaches the River Stour. In various parts of the country, the trade effluent from such factories has caused considerable trouble. The settling pond is a large one at Kidderminster, and every effort appears to be taken to avoid nuisance.

263. The large amount of water pumped up from the Stour and later returned with a quantity of suspended matter, influences the River in two ways, firstly, a good deal of suspended matter may silt up the river bed (during the quiet period of the year the river was cleaned out), and secondly, the de-oxygenation of the river which is caused by the oxidisable matter in these effluents. The effluent, although not a bad one, did reduce the amount of dissolved oxygen, but the question of fish life in this part of the Stour does not arise, and one would at present describe the Beet Sugar effluent as a minor pollution added to a grossly polluted stream.

264. When tracked from origin to finish, the Stour presents a deplorable picture of how our industries and civilisation can convert what must have once been a pretty stream into what is now in parts little better than an open sewer.

265. The question of forming a Rivers Committee is under consideration. Several Meetings have been held, representing the various Local Authorities in Worcestershire and Staffordshire who are connected with the river.

266. The most hopeful indication so far is that the Stour Drainage Board is likely to improve the sewage effluent entering the river from their disposal works.

Mental Deficiency Act, 1913.

267. A special Committee met and considered this question. During the year, visits to and reports upon all cases on the register were made by the Assistant County Medical Officers. No general supervision of cases has yet been arranged for. Visiting is at present limited to special cases when reports are required. The urgent need of segregation and the shortage of accommodation are apparent to everyone connected with this work.

268. Action to prevent such defectives from propagating their species should take a prominent place in the arrangements made by every Local Authority. There are obvious limitations to home supervision and the only control at present available in certain types of cases depends upon a sufficiency of institutional accommodation being available for all cases requiring segregation. I hope that a form of general supervision based on the reports upon these cases will be commenced before long.

269. One of the Assistant County Medical Officers attended a course, organised by the Central Association for Mental Welfare, on Mental Deficiency. He found the short course interesting and useful, and as he kept careful notes of all the details of the course, the other members of the staff are likely to benefit by his experience.

Flies.

270. Flies form a real danger to health and I cannot too strongly emphasize the necessity for precautionary measures against infection in this way.

271. Places where food is kept should be screened by wire gauze or similar substance. Refuse near houses should either be removed or kept in covered bins.

272. Accumulations of horse manure form the most suitable breeding places for flies and should be removed from the vicinity of houses whenever possible.

273. The filthy habits of these flies which may originate in privy or midden, makes the protection of food necessary to prevent the spread of disease.

274. The advent of the motor car and the tarring of roads has had a most beneficial effect upon the health of infants. Diarrhoea in babies is very frequently caused by flies and dust infecting milk or other foods. This diarrhoeal rate has greatly improved in recent years.

Hop-Pickers and Pea-Pickers.

275. Reports were received from the Sanitary Officers of the three hop growing areas, viz.: Martley, Tenbury and Upton-on-Severn, from which it appears that the conditions remain reasonably satisfactory.

276. The question of the separation of the sexes is made difficult by the pickers themselves, but the Local Authorities appear to have done all they could to comply with the Byelaws.

277. The attention of several owners had to be drawn to the necessity for the daily removal of refuse from the pickers quarters, and this work is reported to have been carried out without demur.

278. The Medical Officer of the Upton-on-Severn Rural District refers to some pickers being housed in "pigsties of the ordinary type" in one of which a woman had given birth to a premature still born baby. The report adds "she was not removed and made a normal recovery."

Education in Health Matters, and Propaganda Generally.

279. Section 67 of the Public Health Act, 1925, provides that any local authority may arrange for the publication within their area of information on questions relating to health or disease, and for the delivery of lectures and the display of pictures in which such questions are dealt with, and may defray the whole or a portion of expenses so incurred.

280. When dealing with the various sections of this Report, the question of treatment of disease takes a very prominent part, but it becomes more obvious, as schemes progress, that preventive action should play a bigger part in the efforts made by local authorities.

281. Steps in this direction are particularly necessary in the prevention of tuberculosis, infant deaths from diarrhoea and other causes, and in almost any disease.

282. In a recent report issued by the Medical Research Council upon the subject of Rheumatism, the opinion was expressed that maternal care, or lack of it, was more important in the production of rheumatism than actual dampness or other defect in the house.

283. Extension of knowledge in this direction requires very careful consideration, as indiscriminate lectures on particular subjects only touch the fringe of the problem.

284. Where suitable audiences are collected, whether it be at Womens Institutes or at Infant Welfare Centres, the opportunity of imparting useful information should not be lost.

285. This dissemination of information at the Infant Welfare Centres at present forms the basis of the Council's efforts in the way of public education in health. It is intended during the current year to co-operate with the Womens Institutes when certain of our Health Visitors will give Lectures on Health topics.

Reports of Sanitary Inspectors.

286. Each Sanitary Inspector has been good enough to send me a statistical report on the work in the County districts.

287. These reports show that a remarkable amount of preventive work is undertaken and I doubt if the real worth of these officers is properly appreciated by the general public.

Sale of Food and Drugs Acts.

288. Information as to the administration of the Food and Drugs Acts is given in the separate report of the County Analyst and County Bacteriologist (Mr. C. C. Duncan) whose Laboratories and Offices are at the Shirehall, Worcester.

289. Before concluding I wish to express my sincere regret at the retirement of Mr. J. W. Willis Bund from the Chairmanship of the County Council.

290. Although I have only known Mr. Willis Bund for 6 years I find evidence everywhere of his wonderful initiative and pioneer work in connection with the Public Health.

291. The loss of Sir Harry Dixey, M.D., who was chairman of three of the Health Committees of the County Council, has also been very much regretted. As long ago as 1896, Sir Harry Dixey first advised the appointment of Health Visitors in order to save the great waste in infant life.

292. Later he promoted schemes for the betterment of conditions for Mothers and Infants, for the treatment of Tuberculosis, for the mentally defectives, for the Blind and the Cripples.

293. The kind and courteous manner in which he treated the Staff will long be remembered.

Your obedient Servant,

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